



115W 4154

Patentitioner's Docket No. MM9339PCT(US)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Nunoya et al.

Confirmation No.: 9231

Application No.: 10/588,675

Group No.: 4154

Filed: August 8, 2006

Examiner: Manuel J. Hernandez

For: NON-CONTACT POWER SUPPLY SYSTEM UTILIZING SYNCHRONIZED COMMAND SIGNALS TO CONTROL AND CORRECT PHASE DIFFERENCES AMONGST POWER SUPPLY UNITS

CERTIFICATE OF FIRST CLASS MAILING WITH MAIL STOP (CM-MS) (37 C.F.R. § 1.8(a)(i)(1)(A))

I hereby certify that on June 1, 2009 the following correspondence:

Name of Paper: Response to Office Action – 11 pages
Replacement Drawings Sheet – 2 pages
Annotated Drawing Sheet – 2 pages
Information Disclosure Statement – 4 pages

Number of Pages: 19

is being deposited with the United States Postal Service in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia, 22313-1450

with sufficient postage as first class mail.


Signature

Telephone Number: 440-684-1090

Laura K. Cahill
Type or print name of person certifying



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Mail Stop Amendment
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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS						
	REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDIT. FEE
TOTAL	5	— 20	= 0	x	\$ 52.00	=	\$ 0.00
INDEP.	2	— 3	= 0	x	\$ 220.00	=	\$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$ 0.00	=	\$ 0.00
					TOTAL		
					ADDIT. FEE	\$	0.00

No additional fee for claims is required.

PAPERS ENCLOSED

5. Response to Office Action – 11 pages
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FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-0537.

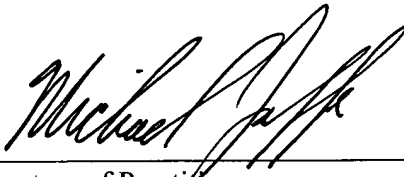
If an additional fee for claims is required, charge Account No. 50-0537.

Date: **June 1, 2009**

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Signature of Practitioner
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